

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014524

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **65**

Primary Registration District No. _____

Registrar's No. **9**

FILED APR 17 1962

1. PLACE OF DEATH

a. COUNTY

CHARITON

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE **Missouri**

b. COUNTY **CHARITON**

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **MENDON**

Length of stay in 1b
4 yrs

c. CITY OR TOWN **MENDON**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
EARL Edward Applegate

4. DATE OF DEATH
Month Day Year
4-12-1962

5. SEX

MALE

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

AUG. 24/1894

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

DEWITT MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

FRANK Ray Applegate

13b. MOTHER'S MAIDEN NAME

Rosa Belle JONES

14. NAME OF HUSBAND OR WIFE

MARY Applegate

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **yes** (If yes, give war or dates of service)
WW-1-

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MARY Applegate Mendon MO

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Rt lower lobe pneumonia
Multiple Myeloma, generalized

INTERVAL BETWEEN ONSET AND DEATH

2 wks - indefinite

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Aug '61** to **April '62** and last saw him alive on **April 5, 1962**
Death occurred at **1600** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Stenmon A. Horner, M.D.

22b. ADDRESS

Marceline, MO

22c. DATE SIGNED

4/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4-15-62

23c. NAME OF CEMETERY OR CREMATORY

EVERGREEN Cemetery Dewitt MO

23d. LOCATION (City, town, or county)

Dewitt MO

(State)

24. FUNERAL DIRECTOR

S. L. Heipard Mendon MO

ADDRESS

25. DATE RECD. BY LOCAL REG.

Apr 14-1962

26. REGISTRAR'S SIGNATURE

Lois Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

JUL 19 1962

MAY 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Billie C. Gonder

Licensed Embalmer No. 4980

P. O. Address Mendon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.